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## BIB DATA SHEET

CONFIRMATION NO. 4909

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/731,231	12/09/2003	356	2624	87009SLP

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/04/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	NY	9	20	3

## ADDRESS

Carestream Health Inc,  
 150 Verona Street  
 Rochester, NY 14608  
 UNITED STATES

## TITLE

Tooth locating within dental images

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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